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			L	July 21. 2	2005	(Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.			
09/672,452	09/29/2000	John E. Hershey			016	1304		
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JUL 2 5 2005 PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 1995, no persons are required to respond to a collection of information upless it displays a valid OMB control number TRADE THE ON 12/08/2004. Complete if Known solidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/672,452 TRANSMITTA Filing Date September 29, 2000 For FY 2005 John E. Hershey First Named Inventor **Examiner Name** Shefali D. Patel Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2621 1,400 TOTAL AMOUNT OF PAYMENT (\$) 47440-023000 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: McDermott Will & Emery LLP Deposit Account Deposit Account Number: 13-0206 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity **Small Entity** Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$). Utility 300 500 200 100 150 250 Design' · 200 100 100 130 50 65 Plant 200 100 300 160 80 150 300 Reissue 150 500 250 600 300 200 Provisional 100 O 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee (\$) Multiple Dependent Claims - 20 or HP = 0 Fee Paid (\$) 50 Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 0 - 3 or HP = 0 200 0 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets **Extra Sheets** Fee Pald (\$)

SUBMITTED BY							
Signature	Patrick D. Ruliants	Registration No. (Attorney/Agent) 48,905	Telephone	312.372.2000			
Name (Print/Type)	Patrick D. Richards		Date	July 21, 2005			

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Other: Issue Fee (\$1400)

4. OTHER FEE(S)

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